

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. Doubletree Ranch Road, Suite 100, Scottsdale, AZ 85258

Phone (602) 364-1PET (1738) FAX (602) 364-1039

vetboard.az.gov

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: DEC. 13, 2017

Case Number: 18-41

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: MONIKA KNOBLICH

Premise Name: ALL CREATURES VETERINARY SERVICE

Premise Address: 655 E. 4th Street

City: Benson State: AZ Zip Code: 85602

Telephone: 520 586 3777

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

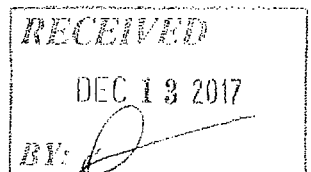
Name: ROD SIROTA

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



C. PATIENT INFORMATION (1):

Name: Diesel
Breed/Species: Aussie Blue Heeler
Age: 11 mo. Sex: M Color: Grey/BLACK

PATIENT INFORMATION (2):

Name: N/A
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

| | |
|--|--|
| <u>DR. RYAN McCALLY, MS</u> <u>Veterinary Specialty Center Tucson</u> <u>4909 North La Canada</u> <u>Tucson, AZ 85704</u> | <u>DR. MONIKA KNOBLICH</u> <u>655 E 4th Street</u> <u>Benson, AZ 85602</u> |
|--|--|

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Michael & Heather Smith

TRINA MacPhail

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: 11/18/17

F. Allegations and/or concerns:

On May 21, 2017 my puppy Diesel, a Australian Blue Heeler, suffered multiple fractures of his left front leg. He was treated emergently at Veterinary Specialty Center of Tucson with Dr. Ryan McCally, MS, AS, DVM as his attending Vet. His fractures were set and leg bandaged with a splint(see attached discharge instructions) which included weekly visits to my local Vet in Benson, Az. to have his bandages changed. During the weeks that followed Diesel was brought weekly to see Dr. Monika Knoblich at All Creatures Veterinary Service in Benson. Attached hereto is a statement of Professional Services Rendered that documents the visits (5) and treatment history.

On July 5th, 2017 I brought Diesel back to Dr. McCally for a follow up appointment and was appalled to learn that Diesels leg had healed with a 80 degree torsional deformity which prevents him from walking normally. The Drs. advise was to correct the deformity for the best chance at normal function. Please see Drs. comments on attached discharge instructions dated July 5, 2017 attached hereto. There was no possible way for me to have been able to notice this deformity as his leg was always bandaged from elbow to paw and I was not present in the examination room when Dr. Knoblich or her staff was changing Diesels bandages and replacing the splint during his weekly appointments. Dr. McCally on July 5, 2017 advised that the local Vet Dr. Knoblich, or her staff DID NOT exercise proper care in replacing Diesels leg into the splint during the weekly bandage changes appointments. He said in addition that had reasonable care been exercised during those weekly visits and his leg properly returned to the splint, his leg would have healed correctly. He further advised that a 80 degree deformity is too great to have gone unnoticed.

On July 26, 2017 I had a appointment with Dr. Knoblich at her offices to discuss Diesels predicament and enlist her help financially regarding the orthopedic surgery necessary to re-break and reset his leg. Upon examining Diesels leg, at that point out of the splint, she said "I don't know how we could have missed this". I advised I would be scheduling Diesels surgical procedure and showed her Dr. McCally's estimate of what the cost would be. I told her I would be in contact with her shortly. Since that day I have sent Dr. Knoblich 2 follow up emails and placed several phone calls to her. She has not taken my calls nor responded to my emails (copy of which are attached hereto).

Dr. Monika Knoblich's lack of proper veterinary care for my dog Diesel and her refusal to have any communication with me regarding Diesel following our July 26 meeting leaves me no choice, but to file this complaint and to seek financial remedy through the court system for the costs to have Diesels leg repaired that should have been unnecessary. On Monday November 27th Diesel underwent corrective surgery to repair his leg and I attach a copy of the invoice relative to that procedure for your review. I am now driving him weekly from my home in Benson to Tucson, a 90 minute trip each way for bandage changes. Having to take a half day off from work and the fuel expense weekly is financially taxing to me. The post surgical pain and discomfort that Diesel is now living through is needless, heartbreaking and could have been avoided with proper care.

I hope that my description of the material facts surrounding this allegation is sufficient and that the review board takes appropriate action to prevent other animals and their owners from being subject to what Diesel and I have had to go through the past few months due to the unprofessional care my dog received from Dr. Monika Knoblich. Had she simply showed some compassion and communicated with me rather than put her head in the sand, I might not have been led to take this and subsequent actions.

February 4, 2018

Monika Knoblich, DVM, MS
All Creatures Veterinary Service
655 E. 4TH Street
Benson, AZ 85602

Arizona State Veterinary Medical Examining Board
1740 W. Adams Street
Suite 4600
Phoenix, AZ 85007

Re: 18-41

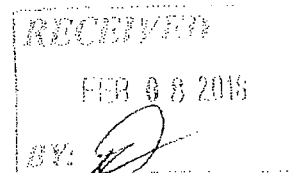
To Members of the Committee,

On May 25, 2017 the client Mr. Ron Sirota had an appointment at All Creatures Veterinary Service (ACVS) with an intact male 15 week old Australian Blue Heeler that had been seen at Veterinary Specialty Center of Tucson (VSCOT) on 5/21/17 for non-weight bearing lameness and abrasions after being run over. VSCOT diagnosed Diesel with a fracture of the left radius, partial fracture of the left ulna and 4 metacarpal fractures. The patient presented to ACVS for a bandage change. As instructed by VSCOT the bandage was to be changed once weekly at either their facility or Benson Animal Hospital. Mr. Sirota chose to have the service performed at ACVS. He informed me that it was easier for him to drive to my clinic rather than make the trip into Tucson on a weekly basis (approximately a 90 minute drive). I informed Mr. Sirota I could change the bandage. However because of the numerous fractures and extent of orthopedic damage to the limb any assessment of fracture healing or stability should be done by a veterinary orthopedist. During the following weeks the patients bandage and splint were changed and dermatologic issues addressed. The client was instructed on how to care for the bandage and to keep the patient on strict rest. On weekly presentations the bandage was moderately to extensively damaged and filthy. The client admitted to not keeping Diesel on strict rest.

On 6/15/17 radiographs were taken and callous formation of the mid radius was evident. I was concerned with the possibility of growth plate injury. Because of the deplorable condition of the bandage on presentation and because I believed the radiographs and the limb should be evaluated by a specialist I recommended that Mr. Sirota take Diesel for evaluation at VSCOT.

A week later on 6/23/17 the client again returned for a bandage change. The bandage and splint were again extremely damaged. The limb was again appropriately splinted and re-banded. I informed Mr. Sirota that I was concerned with the way the limb was healing. I noted that the foot was rotated outward in relation to the carpus and I strongly urged Mr. Sirota to make an appointment with a specialist ASAP.

Almost 2 weeks later on 7/5/17 I received a report from VSCOT with a diagnosis of healed left radius/ulna fracture and torsional deformity to the left radius/ulna. The recommendation was to perform a corrective osteotomy of the left ulna/radius.



3 weeks later on 7/26/17 Mr. Sirota returned for a consultation with me regarding VSCOT's recommendation for surgical correction of the limb. I informed him that in my professional opinion, the recommendation of the orthopedic surgeon to perform a corrective osteotomy was likely in the best interest of the patient and would give Diesel the best quality of life in the future.

I do not feel I am financially responsible for the corrective osteotomy performed by Dr. McCally. Veterinary services were appropriately performed by me and Mr. Sirota was told on numerous occasions that the orthopedic condition of the limb would be more accurately assessed by a specialist. According to Mr. Sirota the orthopedist informed him that I did not exercise proper care in replacing Diesel's leg into the splint. Bandage changes and splint applications were done appropriately (see attached exam sheets). Mr. Sirota did not follow my recommendations and was non-compliant when it came to the at home care of Diesel's splint and bandage.

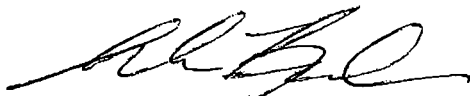
In regard to Mr. Sirota's concern about my lack of communication after his 7/26/17 consultation visit at ACVS, I felt that a response was unnecessary. Mr. Sirota's e-mail was suggestive of wrong doing on my part and he was asking for my financial participation in getting Diesel's leg straightened. I chose not to respond as I felt there was an undercurrent of hostility in Mr. Sirota's tone and I could not anticipate an amicable discussion. When Mr. Sirota again emailed on 10/31/17 I did not respond due to him threatening to disparage my reputation by posting a Go Fund Me page if I did not financially participate in the repair of his dogs leg and "showing pictures of his (Diesel) now deformed leg and how he (Diesel) happened to end up in this awful situation".

After our consultation on 7/26/17 my involvement in Diesel's care regarding the current medical matter was unnecessary. His care was being handled by the highly qualified veterinarians at VSCOT.

Mr. Sirota currently has an outstanding balance of \$483.08 (\$126.00 unpaid from services for Diesel and \$348.78 unpaid for services on his horse Cowgirl on 8/04/17).

Thank you for your time and consideration in this matter,

Sincerely

A handwritten signature in black ink, appearing to read 'Monika Knoblich', written in a cursive style.

Dr. Monika Knoblich

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M. - **Absent**
Mary Williams
Ed Hunter, R.Ph

STAFF PRESENT: Tracy Riendeau, CVT, Staff Investigator
Victoria Whitmore, Executive Director
Sunita Krishna, Assistant Attorney General

RE: Case: 18-41

Complainant(s): Ron Sirota

Respondent(s): Monika Knoblich, D.V.M. (License: 6358)

SUMMARY:

Complaint Received at Board Office: 12/13/17
Committee Discussion: 3/6/18
Board IIR: 4/18/18

APPLICABLE STATUTES AND RULES:

Laws as Amended July 2014
(Salmon); Rules as Revised September
2013 (Yellow).

On May 21, 2017, "Diesel," a 13-week-old male Australian Heeler was presented to Veterinary Specialty Center of Tucson after being run over by a vehicle. The dog had multiple fractures of the left front leg; the leg was splinted and the dog was discharged the following day with instructions to have the splint changed in 2 days.

On May 25, 2017, the dog was presented to Respondent for the splint to be changed. The dog returned to Respondent for weekly splint changes.

On July 5, 2017, the dog was presented to Veterinary Specialty Center of Tucson for evaluation of the limb. It was noted that there was an 80 degree external torsional deformity in the antebrachium.

Complainant contends Respondent was negligent in the care of the dog for not properly bandaging the dog's leg, causing the torsional deformity.

Complainant was noticed and appeared. Witnesses, Heather and Mike Smith, appeared.
Respondent was noticed and appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Ron Sirota*
- Respondent(s) narrative/medical record: *Monika Knoblich, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Ryan McCally, DVM - VSCT*
- Witness(es) narrative: *Michael and Heather Smith; and Tina MacPhail.*

PROPOSED 'FINDINGS of FACT':

1. On May 21, 2017, the dog was presented to Veterinary Specialty Center of Tucson after being run over by a vehicle. Radiographs were performed which revealed mid diaphyseal, minimally displaced fracture of the radius and a mid diaphyseal greenstick fracture of the ulna of the left front limb. There were also fractures of the metacarpals 2 – 5 on the left front foot with minimal displacement. Sedation and splint placement was recommended, as well as cleaning up any wounds – Complainant approved.

2. The dog was hospitalized overnight for supportive care, splint placement and surgery consultation. The medical records read that surgery was recommended and rechecking radiographs in 3 weeks to assess growth plates. There was a risk for growth abnormalities due to the amount of soft tissue injury and trauma to growth plates.

3. On May 22, 2017, the dog was discharged from the emergency facility with instructions to monitor the splint for slipping, or if it becomes dirty or wet. The dog's activity was to be restricted with only short leash walks for bathroom breaks. The splint was to be changed in 2 days and have weekly splint changes until the leg was healed – these could be performed by the regular vet or with their surgery department. Radiographs were to be repeated by the surgery department in 3 weeks to assess healing as well as growth plates.

4. On May 25, 2017, the dog was presented to Respondent for a bandage change. Upon exam, the dog had a weight = 32 pounds, a temperature = 103.3 degrees, a heart rate = 120bpm and a respiration rate = 24rpm. Respondent noted that the dog was extremely painful on removal of the bandage. The left front leg was swollen especially in the carpal area and distally. She advised Complainant that she could perform the bandage changes but the assessment of the fracture healing and stability should be done by an orthopedic specialist. Respondent changed the bandage using the cast made at the emergency facility. She recommended continuing the antibiotics and prescribed tramadol to help with pain.

5. June 1, 2017, the dog was presented to Respondent for a bandage change. Upon exam, the dog had a weight = 32 pounds, a temperature = 101 degrees, a heart rate = 120bpm and a respiration rate = 24rpm. The bandage was removed – the wounds were healing well and there was mild to moderate generalized dermatitis of the limb. Swelling was still present especially at the carpus but had improved. The leg was rebandaged using the original splint and amoxicillin was dispensed.

6. On June 15, 2017, the dog was presented to Respondent for a bandage change. Upon exam, the dog had a weight = 30.4 pounds, a temperature = 102 degrees, a heart rate = 120bpm and a respiration rate = 40rpm. Complainant reported that the dog was doing well at home; the dog was weight bearing on the splint and the housemate chewed the bandaging.

7. Respondent noted that the bandage was extremely dirty and the middle 1/3 was missing – tissue was visible through the missing area. The bandage was removed and there was pitting edema at mid ulna/radius area with swelling. The skin over the entire leg was mildly erythematous and worsened at cranial elbow and interdigitally; there was mild interdigital pyoderma. Due to the condition of the leg, Respondent recommended Complainant make an appointment with an orthopedist.

8. Radiographs were performed – there was callous formation mid radius and possible growth plate injury. Respondent rebandaged the dog's leg replacing the splint with a large spoon splint as the original was now too small due to the dog's growth.

9. On June 23, 2017, the dog was presented to Respondent for a bandage change. Upon exam, the dog had a weight = 32 pounds, a temperature = 101 degrees, a heart rate = 120bpm and a respiration rate = pant. Complainant reported that he does not keep the dog quiet because it is difficult; dog is weight bearing on leg.

10. Respondent noted that the splint had been chewed on and the bandage was torn and filthy. The distal ends of the splint were missing/chewed off and dog was bearing almost all weight on an unsupported foot. Respondent's assessment was inappropriate management of splint/bandage; swollen left front foot; and outward rotation of left front foot likely starting at carpus. She showed Complainant the dog's leg and the concern she had for the way the foot turned in relation to the rest of the limb and strongly urged him to get an orthopedist consultation as soon as possible. Complainant denies this conversation took place. Respondent rebandaged the dog's leg.

11. On July 5, 2017, the dog was presented to Dr. McCally at Veterinary Specialty Center of Tucson for an evaluation of the left front leg. Prior to removing the bandage, Dr. McCally noted an angular and/or torsional deformity in the left forelimb, as the visible digits did not appear in alignment with the elbow. The bandage was removed and radiographs were performed. Exam of the leg without the bandage on revealed an approximately 80 degree external torsional deformity and decreased range of motion in the left elbow. Radiographs revealed well healed fractures of the left radius and ulna and a deformity consistent with that observed on examination.

12. Dr. McCally stated in his narrative that he discussed with Complainant that the most likely etiology of the deformity was that during the splinting process, the limb was bandaged with the distal limb in external torsion relative to the elbow. It could have happened incrementally or all at once but at some point the fracture was healed sufficiently that correction during the splinting process became impossible. Dr. McCally thought that the best option for the dog would be surgical correction for the deformity. It would give the dog the best long term prognosis, as correction would minimize arthritis and incongruity in the elbow.

13. Dr. McCally reviewed the radiographs taken by Respondent on June 15, 2017. Those radiographs revealed healed fractures of the left radius and ulna with an apparent angular and/or torsional deformity to the left antebrachium, although the positioning made it difficult to estimate the severity.

14. On July 26, 2017, the dog was presented to Respondent to discuss possible surgery. Respondent examined the dog and noted that he was not wearing the bandage and was weight bearing on the left front leg. Respondent and Complainant discussed Dr. McCally's findings – Complainant was unsure if he should proceed with surgery or if the dog would have a good quality of life without the surgery. Respondent relayed that the dog was young and a good surgical candidate and recommended the corrective osteotomy. Complainant was still unsure.

15. In October, Complainant emailed Respondent requesting her to help pay for the dog's surgery blaming Respondent for the dog's torsional deformity. Respondent stated that she did not respond to the emails from Complainant. She explained that she told Complainant on numerous occasions that the limb would be more accurately assessed by a specialist. Additionally, Complainant did not follow her recommendations and was non-compliant when it came to the home care of the dog's splint and bandage.

COMMITTEE DISCUSSION:

The Committee discussed that there were two different stories in this case. Medical records state that there were conversations about seeking referral to an orthopedic specialist which eventually occurred. It is hard to determine when the rotation occurred – which understandably takes weeks. Respondent recommended referral on June 23rd and Complainant did not go until July 5th. There were reports that the bandage was not cared for correctly by Complainant and some Committee members felt Respondent handled the case appropriately.

Other Committee members felt the medical records were not as accurate as they were meant to be due to Respondent admitting to writing up her records a week after the visits occurred. Witness input reported that the bandage was not as damaged as the medical records described. The Committee questioned why radiographs were taken of a healing limb when prior to that, referral was made to an orthopedic specialist; responsibility was taken to change the splint. If Complainant refused the referral, Respondent should have written that in the medical record and not continue bandaging/splinting the leg if she felt there was an issue or she was not qualified any longer to help the dog.

Since Respondent was the one changing the bandage/splint, not her staff, she should have identified that the limb was not healing at the proper angle. By June 23rd, the limb had rotated and the problem had already occurred.

Furthermore, the Committee did not feel the tone of the emails from Complainant were hostile.

A Committee member made a motion to dismiss the case, there was no second therefore it failed.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the *Veterinary Practice Act* occurred.

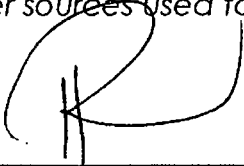
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (1) for failure to provide professionally acceptable procedures for continuing care for the dog when Respondent was not adequately prepared to handle the issue; Respondent should have denied care if she was not qualified.

Vote: The motion was approved with a vote of 3 to 1, Dr. Ainsworth opposed.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division